

APPENDIX I

Warrant of Inpatient Admission Form

MENTAL HEALTH BOARD OF _____ COUNTY, NEBRASKA

Neb. Rev. Stat § 71-927, 71-928

IN THE INTEREST OF _____) CASE NO. _____

)

Alleged to be a Mentally
Ill and Dangerous Person

)

)

)

WARRANT OF ADMISSION
(Inpatient)

To: Administrator/Director of _____, an inpatient treatment
facility located at _____ (Address).

At a proper hearing before the _____ County Mental Health Board on the
_____ day of _____, 200____, (subject's Name) _____ was found
to be a mentally ill and dangerous person and in need of custody and treatment. (See attached
Mental Health Board Order).

You are hereby authorized to receive and keep said subject as a patient.

You are hereby authorized to transfer physical custody of said subject to any other inpatient
treatment facility as may be appropriate and necessary without further order of the Mental Health
Board.

The legal settlement of the subject, if known, is found to be in _____ County. Dated
this _____ day of _____, 200____.

Chairperson Board of Mental Health

By _____

You have received this warrant and a copy. The original is official notification of your
authorization to take custody of the above named person. Please complete the information below
and return the completed copy to:

Chairperson Mental Health Board, _____ County

Address _____

City _____

ACCEPTANCE OF PATIENT

The above named subject was received by me this _____ day of _____.

Director

Institution

Upon delivery of the subject by Sheriff or other duly appointed individual, said subject

☐ was or ☐ was not accompanied by another individual.

If accompanied, the name of the individual is _____.